

Open Research Online

The Open University's repository of research publications and other research outputs

Professional identity formation in becoming a GP Trainer: barriers and enablers

Other

How to cite:

McConville, Kevin (2020). Professional identity formation in becoming a GP Trainer: barriers and enablers. Postgraduate Research Poster Competition, The Open University.

For guidance on citations see [FAQs](#).

© [not recorded]



<https://creativecommons.org/licenses/by/4.0/>

Version: Poster

Copyright and Moral Rights for the articles on this site are retained by the individual authors and/or other copyright owners. For more information on Open Research Online's data [policy](#) on reuse of materials please consult the policies page.

oro.open.ac.uk

Professional Identity Formation in Becoming a GP Trainer – Barriers and Enablers

Dr Kevin McConville kevin.mcconville@open.ac.uk Supervisors: Dr Roger Hancock, Dr Lynda Foulder-Hughes

Introduction

The [focus of this research](#) concerns itself with the [professional identity \(PI\) development](#) of the general practitioner (GP) as a teacher (trainer). It concentrates [on teacher development](#) and professional learning by examining the PI formation that emerges when [a GP chooses to become a GP trainer](#).

Currently, there are several key influencing factors seeking to drive [forward the engagement of the availability of GPs](#) and, more specifically, GP trainers for the future. The Royal College of GPs (RCGP, 2015) has set out a blueprint

‘...to reverse the impact of the increasing problems of workload and [recruitment on the ability of GPs to deliver excellent patient care...](#)’ (RCGP, 2015, p. 2).

One element of their argument is to expand the number of GPs, balanced by their concerns [that 20% of the current workforce may retire in the next five years](#).

It therefore, makes sense, to [establish what may be needed to encourage new, as well as retain existing GP trainers](#), in order to promote the continuation and growth of the GP profession.

[The key research question asked](#) was, what are the barriers and enablers that facilitate a General Practitioner becoming a GP trainer?

Methodology

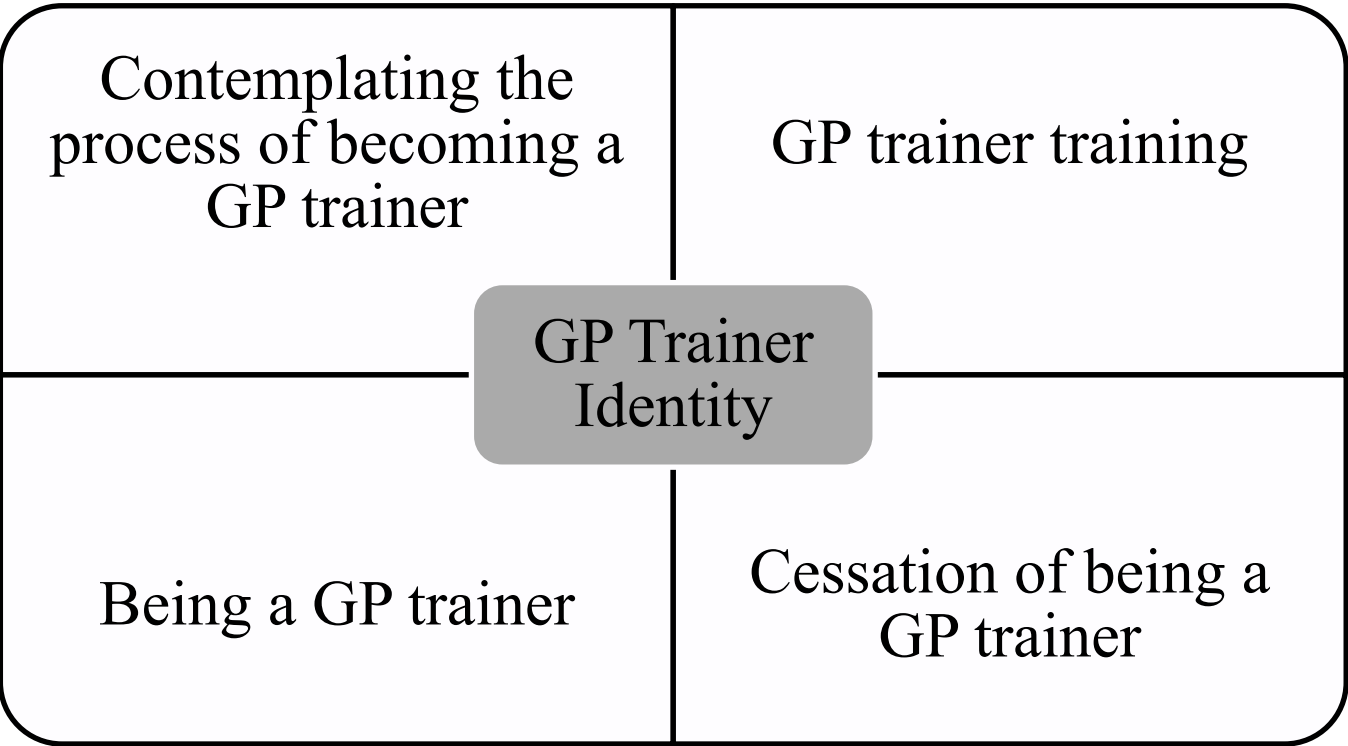
I adopted [an interpretive, naturalistic method](#) of enquiry, theorising the professional identity formation of the GP trainer within a bounded system and conducted [a qualitative case study](#) (Yin, 2014) [underpinned by Symbolic Interactionism](#).

The review of the literature focussed on incorporating [the history of the GP trainer](#) (Brown 2005), [PI formation of the medical educator](#) (Cruess et al. 2014) and of [the teacher](#) (Gee 2000).

The main research methods employed were [semi-structured interviews](#) combined with [documentary analysis](#) respective to GP trainer development.

[As a GP trainer/researcher](#) I was able to draw on my experience of GP trainer development to consider both [the importance of reflexivity and my own voice](#) towards this work.

Participants were [recruited from 4 main domains](#) of GPs whom might be involved in training.



[Thematic analysis](#) (Braun and Clarke 2012) uncovered 3 main themes: ‘[Becoming a Doctor](#)’, ‘[Becoming a GP](#)’ and ‘[Becoming a GP Trainer](#)’ (Figure 1)

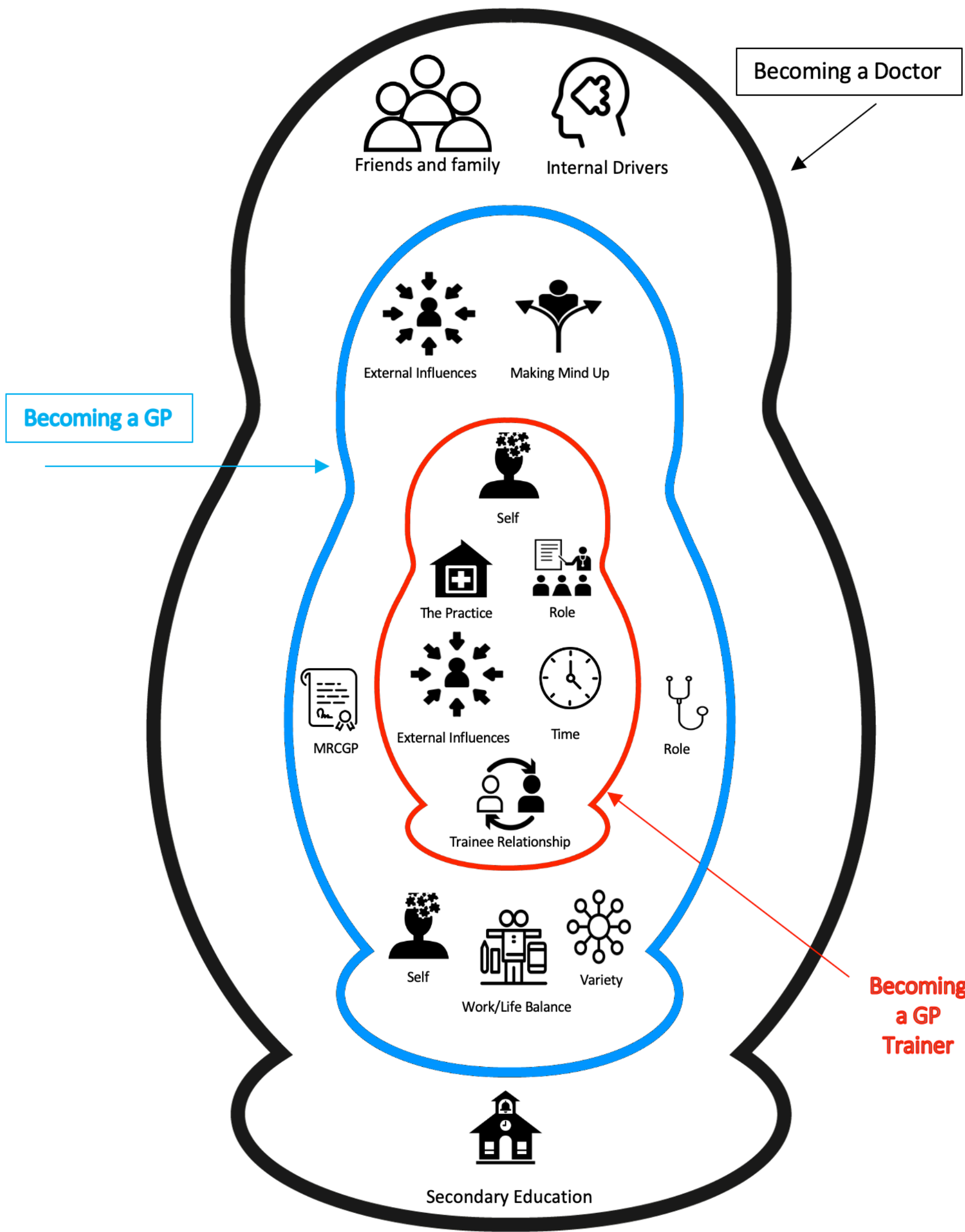
Findings

Documentary analysis was based on 80 sources including: website clippings, internal memos and policy and guidance materials.

Key demographic characteristics of the 16 GP trainer participants are summarised below.

Characteristic	Number (n=16 in total)
Age	
< 30 years	0
30-40 years	3
40-50 years	5
> 50 years	8
Gender	
Male	10
Female	6
Ethnicity	
British Asian	1
White British	10
White British / Irish	1
White Scottish	4
Holds the MRCGP	16
Holds the FRCGP	7
Number of years as a GP trainer	
Contemplating training	1
GP trainer accreditation pending	1
0-5 years as trainer	3
> 5 years as trainer	3
> 10 years as trainer	8
Commenced GP training at established GP trainer practice	10

Figure 1: [3 main themes](#) with [16 sub-themes](#) emerged, as illustrated below.



Acknowledgements

This research was partially funded by the Scientific Foundation Board of the Royal College of General Practitioners (SFB 2091-01)

The Noun Project <https://thenounproject.com> have been an immense, free resource in contributing towards the imagery that aided in the construction of my thematic analysis summary.

Barriers & Enablers Summarised

1. External Influences ([Deanery, political, trainer group, OOH, SPESC](#))
2. GP Trainer Role ([Role model, teacher](#))
3. Trainee Relationship ([Presence, Nurturing, Time as Trainer, Drs in Difficulty](#))
4. GP Trainer self characteristics ([Attraction, enrichment, understated](#))
5. The GP Trainer’s Practice ([Traditions, The Future, Work Perceptions](#))
6. Time as a barrier ([Overall, Portfolio specifically](#))

Discussion

These findings bring together [barriers](#) and [enablers \(or both\)](#) of the professional identity (PI) formation of the GP trainer, all in one place, and under the uniqueness that is [symbolic interactionism](#).

In determining future policy and practice one needs to be mindful that [that recruitment and retention of GP trainers](#) is influenced by [multi-dimensional components](#) which act together to embody that which is the GP trainer.

Each of these act in unison to influence the GP trainer, thus there exists also [the risk that one or more might act as a ‘tipping point’](#) to influence the GP trainer in continuing or relinquishing their role. This is certainly more powerful within the [current tensions of the NHS](#).

Future [policy and practice needs to pay attention to these influencing forces](#) and be mindful of how they can support the GP trainers to maintain or overcome such elements, else [there risks a deficit in GP workforce due, not to potential new GPs, but to those who have the ability to train them](#). Current policy does not acknowledge this area.

Take Home Messages

This study sets itself from others in not only [bringing together all three areas](#) of the transitioning professional identity of the GP trainer in one place; but doing so specifically via [the dimension of symbolic interactionism](#).

At a time of [increasing promises](#) from the Government of [more GPs](#), few have taken consideration of the challenges in order for GP trainers to deliver these outputs.

References

Braun, V. and Clarke, V. (2012) Thematic Analysis. In: Cooper, H., Camic, P. M., Long, D. L., Panter, A. T., Rindskopf, D. & Sher, K. J. (eds.) *Apa Handbook of Research Methods in Psychology*, Vol. 2: Research Designs: Quantitative, Qualitative, Neuropsychological, and Biological. Washington, DC: American Psychological Association, pp. 57-71

Brown, N. (2005) The Postgraduate Medical Education and Training Board (PMETB) Goes Live. *Psychiatric Bulletin*, 29, 431.

Cruess, R. L., Cruess, S. R., Boudreau, J. D., Snell, L. and Steinert, Y. (2014) Reframing Medical Education to Support Professional Identity Formation. *Acad Med*, 89, 1446-51.

Gee, J. P. (2000) Identity as an Analytic Lens for Research in Education. *Review of Research in Education*, 25, 99-125.

Royal College of General Practitioners. (2015) A Vision for General Practice in the Future NHS. [Online], Available: <http://www.rcgp.org.uk/campaign-home/~media/files/policy/a-z-policy/the-2022-gp-a-vision-for-general-practice-in-the-future-nhs.ashx> Accessed [24th October 2017].

Yin, R. K. (2014) *Case Study Research: Design and Methods*, USA, SAGE Publications.